

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **01-545**

First Inventor or Application Identifier

YAMAMOTO

Title

**OVERTEMPERATURE DETECTION DEVICE
AND SEMICONDUCTOR INTEGRATED
CIRCUIT DEVICE**Express Mail Label No. **130764541**
APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.
ADDRESS TO: Commissioner for Patents
Mail Stop Patent Application
Alexandria, VA 22313-1450

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages **21**]
 -Descriptive title of the Invention
 -Cross Reference to Related Applications
 -Background of the Invention
 -Summary of the Invention
 -Brief Description of the Drawings
 -Detailed Description of the Preferred Embodiment
 -Claims
 -Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]
 4. Oath or Declaration [Total Sheets **3**]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63 (d))
 (for continuation/divisional with Box 16 completed)
 i. DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. Microfiche Computer Program (Appendix)
 6. Nucleotide and/or Amino Acid Sequence Submission
 (if applicable, all necessary)
 a. Computer Readable Copy
 b. Paper Copy (identical to computer copy)
 c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
 Assignee: **DENSO CORPORATION**
 8. 37 C.F.R. § 3.73(b)
 Statement (when there is an assignee) Power of Attorney
 9. English Translation Document (if applicable)
 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
 11. Preliminary Amendment
 12. Return Receipt Postcard (MPEP 503)
 (should be specifically itemized)
 *Small Entity Statement(s) Statement filed in prior application,
 (PTO/SB/09-12) Status still proper and desired
 13. Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
 14. Other:

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application information: Examiner _____

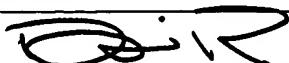
Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23400	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
-----------------------------------------------------------------------	--------------	-----------------------------------------------------------------------------------------------------------------

Name			
Address			
City	State	Zip Code	
Country	Telephone	(703) 707-9110	Fax (703) 707-9112

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	January 27, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Arlington, VA 22202.

012704

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810)

Complete if known

Application Number	
Filing Date	January 27, 2004
First Named Inventor	YAMAMOTO
Examiner Name	
Art Unit	
Attorney Docket No.	01-545

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

50-1147

Deposit Account Number
Deposit Account Name

POSZ & BETHARDS, PLC

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	770
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 770)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
8	-20**=	0	x 18	= 0
2	-3**=	0	x 86	= 0

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

** or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

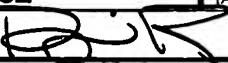
SUBTOTAL (3) (\$ 0)

Other fee (specify) _____

40

Complete if applicable

SUBMITTED BY

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature				Date	January 27, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.